Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Case #:	0x-12-07 14F37176	Address:	CRAWFORDSUZZES, ZW
County:	MONTEOMERY		
Type of L	aboratory Seizure (check one)	Scizure Location (
Chemi	tional Lab ical/Glassware/Equipment (only) site (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: ——
	und: Location (bedroom, kitchen, open a	<u>ir, etc)</u>	
(check all that apply) Lithium/Ammonia Reaction(s): OCNACE ACR			
Red Phosphorous/Iodine Reaction(s):			
[] Flam	nable Solvents:Dlew AJA		
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Ofen ATT			
Hydrochloric Acid Gas Generator(s): OPEN AFR			
Corrosive Acid: _OCC A IR_			
Corrosive Base:			
Other	(item and location):		
Yes	nder age 18 discovered (check one) (number present) x report to Child Protective Services	Ephedi	ive <u>Information</u> rine/Pseudocphedrine Tracking Log Merchant Tip ——
This rep	ort is to be faxed to the following ag	encies that serve the	e location:
Fire Department: MONTGOMENY Health Department: MONTGOMENY Fax: 765-364-6441			
Health Department: MONTGOMENY Fax: 763-36			
	rotection Service: NA	Fax:/	V/A
Ton Anal	her information regarding this methamp	phetamine laboratory none <u>165-</u> 567-2	/, contact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.